

**WORKERS' COMPENSATION SELF-INSURED GROUPS
ELECTION FORM
FOR SAFEKEEPING OF SECURITIES**
Pursuant to KRS 304.50-050(2)

The _____,
(Name of Fund)

(Street Address) (City) (State)

hereby designates the _____
(Name of Bank)

_____ to perform those safekeeping duties relating
(City & State)

to the security provided to the Department of Insurance under workers' compensation
regulations.

***NOTE:** The named Fund's officers (below) are those designated to order security transactions and **MUST MATCH**
those signatories on the Corporate Resolution.

Signature

Signature

Name of Fund Officer

Name of Fund Officer

Title

Title

Date

Date

Return To: Kentucky Department of Insurance at the address above.